110 North Jefferson Ave
PO Box 261
Fredericksburg, IA 50630
Phone: 563-237-5324
Phone: 800-562-8389
www.farmerswin.com

Email/Text Documents

_____ _____
Co-op Account Name: Co-op Account Number:

_____ _____
Email Address: Cell Phone Number:

_____
Cell Phone Provider:

I would like to have the following documents emailed to me:

In order to receive email documents you must have the ability to view/print/save PDF files.

1. _____ Account Receivable Invoices.
2. _____ Elevator delivered grain scale ticket information.
   Please circle one. Email Text Both
   Text only available for grain scale ticket information
3. _____ Grain contracts. Docusign – use the provided email to electronically receive and sign grain contracts
4. _____ Grain settlements.

_____ I would like to have my grain checks to be direct deposit.
Please fill out a direct deposit form. (See page 2)

Return to: Farmers Win Co-op
PO Box 261
Fredericksburg, IA 50630

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Authorization Agreement for

Automatic Deposits and Withdrawals

I (we) hereby authorize **Farmers Win Cooperative** to initiate deposits or withdrawals and, if necessary, initiate any deposits or withdrawals for an error that may be made to my (our) account indicated below and the Financial Institution named below, to deposit or withdraw the same to such account. This authority is to remain in full force and effect until **Farmers Win Cooperative** has received a written notice of the termination, and this shall be done in such a manner as time to allow proper action.

I (we) agree to enclose with this agreement a voided check.

CO-OP ACCOUNT NAME: _____ CO-OP ACCOUNT NUMBER: _____

E-MAIL ADDRESS: _____ PHONE: _____

Check all that apply:

- ☐ **Grain Checks** – Direct Deposit
- ☐ **Accounts Receivable** – to be withdrawn on the 15th of each month/or next business day
  - ◯ Full Statement Balance
  - ◯ Budget Billing Payments – equal monthly amount $_____
- ☐ **Farmerdata** – Web payments

CHECKING ACCOUNT INFORMATION:

Name(s) exactly as it appears on account: _____

Transit Routing Number: _____ Checking Account Number: _____

Financial Institution's Name: _____ Phone: _____

Financial Institution's Address: _____ City: _____ State: _____ Zip: _____

PLEASE ATTACH A VOIDED CHECK

SIGNATURE: _____ DATE: _____ SIGNATURE: _____ DATE: _____

RETURN TO: FARMERS WIN COOPERATIVE
PO BOX 261
FREDERICKSBURG, IA 50630

FWC Employee: _____